



Valdosta State Football January 16 Tryout



Name: _____ Position: _____

Contact Number: _____ High School: _____

High School Graduation Year: _____ All Colleges Attended: _____

REQUIREMENTS PRIOR TO TRYOUT ARE AS FOLLOWS:

1. Completed and **NOTARIZED** tryout paperwork (This is the attached paperwork, it is deemed invalid if not notarized).
2. Physical with physician clearance for athletic participation completed within **6 MONTHS PRIOR TO TRYOUT DATE!** (No particular physical form is required, the doctor typically has a form that they use).
3. Sickie Cell Test (SCT) lab report with results or SCT Declination and Release Forms. (Please Attached SCT Paperwork for more information).
4. Note that an inhaler is required for participation if you have been diagnosed with asthma.

ALL PAPERWORK MUST BE COMPLETED, NOTARIZED, AND RETURNED TO THE FOOTBALL OFFICE BY 5:00 PM ON JANUARY 13, 2017. PAPERWORK MAY BE CARRIED TO THE FOOTBALL OFFICE, MAILED, FAXED OR EMAILED BY THE ABOVE DATE. PLEASE CALL PRIOR TO THE DEADLINE TO ENSURE THAT WE HAVE RECEIVED YOUR INFORMATION.

Questions can be addressed to Mrs. Angie Colbert at the Football Office

Phone Number: 229-333-5844

Fax: 229-245-2494

Email: awills@valdosta.edu

Mailing Address: VSU Football Office, 1500 N. Patterson St., Valdosta, GA 31698

Physical Address: 605 West Mary Street, Valdosta, GA 31601

**Valdosta State University
Athletic Department
Release and Waiver of Liability and Indemnity Agreement
(Try Outs for VSU Athletics)**

I hereby acknowledge that I desire to participate in Valdosta State University's _____ (sport) try out to be held at Valdosta State University, Valdosta, Georgia on _____ (date). I have been informed that the activities offered at try outs include but are not limited to running, exposure to outside elements and practicing skills related to the respective sport.

During this try out, I hereby acknowledge and understand, that I may be subjected to the following inherent risks, including but not limited to property damage; bodily injury, including death, injury from falls, sprains, strains, limb breakage and other unforeseen injuries. I hereby assume any and all such risks seen and unforeseen.

Knowing the dangers, hazards, and risks of such activities, and for sole consideration of my being permitted to attend and participate in the try out and activities as noted above, on behalf of, myself, my family, heirs, personal representatives, I, agree to assume all the risks and responsibilities surrounding my participation in the activities and except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of Valdosta State University, I hereby release, waive, forever discharge, and covenant not to sue Valdosta State University, the Board of Regents of the University System of Georgia, their members individually, and officially, their officers, trustees, agents and employees (current and former) from any and all claims, demands, rights, claims for attorney's fees, and causes of actions of whatever kind and nature which might be asserted against them, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representative(s), dependents, or otherwise, arising from my participation in connection with activities at and through Valdosta State University.

Also, for the sole consideration of my participation in the try outs as outlined above I agree to indemnify and hold harmless Valdosta State University and the Board of Regents of the University System of Georgia their members individually and their officers, agents, and employees (current and former) from any and all claims, demands, claims for attorney's fees whatever kind or nature which might be asserted against them, rights and causes of actions of whatever kind, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representative(s), dependents, or otherwise, arising from my participation in connection with activities at and through Valdosta State University.

I understand and agree that Valdosta State University does not have medical personnel available at the location of the try out and associated activities. I grant my permission for Valdosta State University to authorize emergency medical treatment at an emergency care facility if necessary, and that such action by Valdosta State University shall be subject to the terms of this Release Agreement. I understand and agree that Valdosta State University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment. Further, I assume personal and financial responsibility for any such medical care and treatment.

I understand that the acceptance of this release and waiver of liability by the Board of Regents of the University System of Georgia and Valdosta State University shall not constitute nor be construed as a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents and employees.

I hereby certify that I am eighteen (18) years of age or older and suffering under no legal disabilities, that I have read the foregoing document carefully and hereby sign this agreement voluntarily and of my own free will.

Name _____

Signature: _____

Date: _____

Print Name of Parent/Guardian: _____

Sworn to and subscribed before me this
_____ Day of _____, 20

Notary Public

My Commission Expires: _____

In case of an emergency, contact the following:

Name: _____

Address: _____

Telephone Number: _____

My Health Insurer is: _____

Company Address: _____

Policy No.: _____

Group: _____

Sickle Cell Trait Fact Sheet

What is it?

Sickle cell trait is an inherited condition that affects the red blood cells. This genetic condition causes the red blood cells which are normally disc-shaped can become sickle or crescent shaped in nature (sickling). There are many factors that can cause the disc-shaped red blood cells to change shape such as intense exercise, decreased levels of oxygen, as well as others.

Does it really affect me?

Yes. Sickle cell trait is predominantly found in the African-American population, but it is **NOT** exclusively found in that population. The World Health Organization estimates that the disease occurs in about 1:500 African-American births and 1:1000 to 1400 Hispanic-American births (2007). Approximately 250:100,000 Caucasians have sickle cell trait. **Sickle cell trait is NOT a condition associated with race, but more so with inheritance.** It has also been found to occur in both men and women.

How does it affect athletes?

When the red blood cells sickle due to all-out intense exercise it is called exertional sickling. Exertional sickling can make the process of getting oxygen to tissues that much more difficult. The harder and faster athletes go, the earlier and greater the sickling.

What are the risks associated with sickle cell trait?

Once red blood cells sickle they have an increased chance at catching on other sickled cells as they pass through blood vessels. By catching on each other they can cause a blockage that can cause tissue death. If allowed to continue it can eventually cause death.

How do I find out if I have sickle cell trait?

First see your athletic trainer. We can help you set up an appointment to be tested through our student health center on campus. The Farber SHC will draw blood, and send it to be tested. Once we get the results, you will be notified of the results.

What will happen if I have sickle cell trait?

No athlete is disqualified from participating in sport if you have sickle cell trait. We simply use this information to prevent you from having an exertional sickling episode. We will simply alter your conditioning exercises.

***If you know that you have a family history of any type of sickle cell disease, we **strongly urge** you to get tested.

VALDOSTA STATE UNIVERSITY SPORTS MEDICINE
Sickle Cell Trait Screening Declination and Release of Claims

About Sickle Cell Trait:

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait is a common condition (> three million Americans).
- Although Sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, India, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but during or after exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or "sickle" shape), which can accumulate in the bloodstream and "logjam" blood vessels, leading to collapse, personal injury and/or DEATH from the rapid breakdown of muscles starved of blood.
- If the VSU Sports Medicine Staff and the student-athlete's coaches are made aware that a student-athlete has sickle cell trait, then collapse, personal injury and/or DEATH from exercise may be avoided or decreased if the student-athlete follows the directives of the Staff and his/her medical professionals. Such directives may include, but not be limited to, reduced or modified activity during practice and/or games.

Sickle Cell Screening:

- If the student-athlete does not have knowledge of their sickle cell trait status, the NCAA recommends that screening is performed.
- In order to decrease the risk of collapse, personal injury and/or DEATH to its student-athletes, Valdosta State University recommends that all its student-athletes who do not know their sickle cell status undergo the screening.
- VSU Intercollegiate Athletics will provide sickle cell screening to those student-athletes who wish to undergo such screening.
- Tryouts for athletic teams will be asked to provide sickle cell trait screening results or sign a declination release.

I, _____, (parent or guardian name here if student-athlete is under 18) understand and acknowledge that, in order to decrease the risk of collapse, personal injury and/or DEATH to its student-athletes Valdosta State University recommends that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing. I understand that exercising without knowledge of sickle cell trait status can increase the risk of collapse, personal injury and/or DEATH during or after exercise. If sickle cell trait status is not known, then I voluntarily and knowingly accept that risk.

I hereby affirm that I have fully and accurately disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to VSU Athletic Training staff.

I do not wish to undergo sickle cell trait testing (in the case of a minor, the parent or guardian does not wish the minor to undergo sickle cell trait testing). I (or in the case of a minor the parent or guardian) voluntarily agree to release, indemnify and hold harmless, regardless of their negligence, the State of Georgia, Valdosta State University, its officers, employees, agents and volunteers from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss, personal injury or DEATH that might result from this decision to not be screened for sickle cell trait and/or from any incorrect information that I or any person on my behalf provided to VSU Athletic Training staff about sickle cell trait status.

I have read and signed this document with full knowledge that I may be giving up rights that I may otherwise be entitled to if I had not signed it. I am at least 18 years of age and competent to sign this waiver.

Student-Athlete Signature

Date

Sport

University ID# or SS# for non-student tryouts

Parent/Guardian Signature (if under 18)

Date

Witness

Date

References

1. NATA Consensus Statement: Sickle cell trait and the athlete, June 2007.
2. NCAA Sports Medicine Handbook, 2012-13.
3. NCAA Division II Manual 2012-13: 13.11.2 Permissible Activities. 13.11.2.1 Tryouts. 17.5.1 Medical Examination: 17.5.1.1 Sickle Cell Solubility Test.

VALDOSTA STATE UNIVERSITY SPORTS MEDICINE

Sickle Cell Trait Information Form

The NCAA recommends that all student-athletes be aware of their sickle cell status. If the student athlete does not know whether they are positive for sickle cell trait, the NCAA recommends that student athletes undergo testing to determine their status.

Valdosta State University supports this recommendation and requests that each student-athlete provide the Athletic Department with documentation of their sickle cell trait status. If a student opts not to provide Valdosta State University with this information, he/she must sign the attached testing waiver. To assist you making an informed decision regarding this issue, some basic information is provided below, as well as a link to additional resources.

About Sickle Cell Trait:

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait occurs in about 8 percent of the U.S. African-American population, between one in 2,000 and one in 10,000 in the Caucasian population.
- Although Sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, India, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait. Sickle Cell Trait is inherited and is not an ethnic condition.
- Sickle cell trait is usually benign, but during or after exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or "sickle" shape), which can accumulate in the bloodstream and "logjam" blood vessels, leading to collapse, personal injury and/or DEATH from the rapid breakdown of muscles starved of blood and oxygen.
- If Valdosta State University's Athletic Department personnel (athletic trainers, coaches, and strength/conditioning staff) are made aware that a student-athlete has sickle cell trait, then collapse, personal injury and/or DEATH from exercise may be avoided or decreased if the student-athlete follows the directives of the staff and his/her medical professionals. Such directives may include, but not be limited to, reduced or modified activity during practice and/or games.
- More information regarding sickle cell trait and the rationale for the NCAA's recommendation that all student athletes be aware of their status may be found at www.ncaa.org (search SCT fact sheet on the website).

Sickle Cell Screening:

- If the student-athlete does not have knowledge of their sickle cell trait status, the NCAA recommends that screening is performed.
- In order to decrease the risk of collapse, personal injury and/or DEATH to its student-athletes, Valdosta State University recommends that all its student-athletes who do not know their sickle cell status undergo the screening.
- Valdosta State University's Athletic Department will pay for sickle cell screening for those student-athletes who wish to undergo such screening.
- Tryouts for athletic teams will be asked to provide sickle cell trait screening results or sign a declination release.

VALDOSTA STATE UNIVERSITY SPORTS MEDICINE
Sickle Cell Trait Waiver Form

I _____ understand and acknowledge that the NCAA and Valdosta State University recommends that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing. Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to Valdosta State University's Athletic Department personnel.

(Option 1) By signing this waiver, I confirm that I do not wish to undergo sickle cell trait testing as part of my pre-participation physical examination and I voluntarily agree to release, discharge, indemnify and hold harmless The Board of Regents of the University System of Georgia by and on behalf of Valdosta State University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or DEATH or personal injury that might result from my decision not to follow the recommendation that I be made aware of my sickle cell trait status and share that information with Valdosta State University's Athletic Department.

Student-Athlete Name: _____

Date: _____

(Option 2) I have previously undergone sickle cell trait testing

Date of test: _____

Results of testing: Yes, I have sickle cell trait

No, I do not have sickle cell trait

Student-Athlete Name: _____

Date: _____

(Must attach laboratory confirmation of SCT testing results)

(Option 3) By signing this waiver, I confirm that I do wish to undergo sickle cell trait testing as part of my pre-participation physical examination so that I may be aware of my sickle cell trait status and share that information with Valdosta State University's Athletic Department.

Student-Athlete Name: _____

Date: _____

Printed Name: _____

(Required) I have read and signed this document with full knowledge and understanding of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Signature (if under 18 years of age) _____

Parent/Guardian Printed Name: _____